

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101 597800

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
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21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27	1					
28		1				
29		2				
30		2				
31		2				
32		2				
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34		2				
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43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	51	←		←		←
TOTAL CLAIMS	52					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						